

DEPARTMENT OF HEALTH AND HUMAN SERVICES
EMPLOYMENT AGREEMENT
FOR TRANSFERS TO AND WITHIN THE CONTINENTAL UNITED STATES*

Information to Employee: If you are transferred in the interest of the Government from one official station to another for permanent duty, you may be authorized payment of travel expenses for yourself and transportation of your immediate family and your household goods and personal effects, including relocation expenses. Title 5 USC 5724 and 5724a authorize the payment of such expenses and authorize the collection of the information requested on this form. The information you disclose will be used to determine whether payment of the above expenses may be authorized. The information may also be used: a) by a Federal, state or local agency when there is an indication of a violation or potential violation of law; b) by the Civil Service Commission in carrying out its functions; and c) for other routine uses published in accordance with 5 USC 552a. Your failure to provide the information requested and sign the agreement set forth below will result in your travel, transportation and relocation expenses not being paid by the Government.

NAME (<i>Last, first, middle initial</i>)	New Official Station (<i>City and State</i>)

I hereby understand and agree that:

1. I will remain in the Government service for a period of 12 months from the date I report for duty at my new official station, unless separated for reasons beyond my control and acceptable to the Department of Health and Human Services.
2. If before the expiration of the agreed period specified above, I fail to fulfill the terms of this agreement, I will repay to the Department any monies expended from Federal funds for travel, transportation, and relocation expenses, unless separated for reasons beyond my control and acceptable to the Department.

Signature of Employee

Date Signed

Date Reported for Duty:

(This date must be recorded on the Official Personnel Folder-file copy by the personnel office.)

Distribution of Copies: 1 original - Official Personnel Folder
 1 copy - Employee

*Does not include transfers to Alaska or Hawaii. Form HHS-355A is used for transfers and appointment outside the continental United States. See HHS Instruction 301-1.

DIGEST OF
TRAVEL ALLOWANCES FOR TRANSFERS TO AND WITHIN THE CONTINENTAL UNITED STATES
(For more detailed information, see HHS Travel Manual)

ALLOWANCES AND REQUIREMENTS

	TRANSFER WITHIN CONTINENTAL U.S.	TRANSFER FROM ALASKA, HAWAII U.S. TERRITORY OR POSSESSION TO CONTINENTAL U.S.	TRANSFER FROM FOREIGN COUNTRY TO CONTINENTAL U.S.
Employment Agreement	Yes ¹	Yes ¹	Yes ¹
Travel of Employee and Dependents	Yes	Yes	Yes
Per Diem for Employee	Yes	Yes	Yes
Per Diem for Dependents	Yes	Yes	Yes
House-hunting Travel	Yes ²	No	No
Temporary Quarters Allowance	Yes ³	Yes	Yes
Miscellaneous Expense Allowance	Yes	Yes	Yes
Residence Transactions Expenses	Yes	Yes	Yes
Shipment and Temporary Storage of Household Effects	Yes	Yes	Yes
Non-temporary Storage of Household Effects	(⁴)	(⁴)	(⁴)

¹ Employee must sign agreement before the Department may pay expenses. See HHS instruction 571-4 for exception.

² The Travel Order Approving Official has option to authorize this advance prior to the permanent change of station. The allowance is not payable when the map distance between old and new stations is less than 75 miles by usually traveled surface route.

³ The Travel Order Approving Official has option to authorize or approve this allowance. The employee and/or family will not be eligible for this allowance when the employee's new official station, in relation to their old residence is less than 40 miles farther than the distance between the old residence and the old official station.

⁴ The Travel Order Approving Official may authorize this allowance only when the new duty station has been designated "isolated station" in the continental United States. Non-temporary storage is arranged by the Government.